

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087237

Entity Name: GAO, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2503 PHEASANT RUN
MCKINNEY, TX 75070

New Principal Place of Business:

1529 CARMONA CT
DELTONA, FL 32738

Current Mailing Address:

2503 PHEASANT RUN
MCKINNEY, TX 75070

New Mailing Address:

1529 CARMONA CT
DELTONA, FL 32738

FEI Number: 56-2302799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, ROZENA
2503 PHEASANT RUN
MCKINNEY, FL 75070 US

Name and Address of New Registered Agent:

BURKE, ROZENA
1529 CARMONA CT
DELTONA, FL 32738 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKE, ROZENA
Address: 2503 PHEASANT RUN
City-St-Zip: MCKINNEY, TX 75070

Title: D () Delete
Name: BURKE, LINTON
Address: 2503 PHEASANT RUN
City-St-Zip: MCKINNEY, TX 75070

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURKE, ROZENA
Address: 1529 CARMONA CT
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change () Addition
Name: BURKE, LINTON
Address: 1529 CARMONA CT
City-St-Zip: DELTONA, FL 32738

Title: D () Change (X) Addition
Name: BURKE, LINTON
Address: 1529 CARMONA CT
City-St-Zip: DELTONA, FL 32738

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Address: 1529 CARMONA CT
City-St-Zip: DELTONA, FL 32738

Title: D () Change (X) Addition
Name: BURKE, LINTON
Address: 1529 CARMONA CT
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINTON BURKE

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date